



# AGREEMENT/WAIVER OF PARTICIPATION FOR OPTIONAL DEFINED BENEFIT RETIREMENT PLAN

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 17627 (Rev. 05/05)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657**

**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

## PART A EMPLOYEE INFORMATION

Name (Last, First, Mi)		Social Security Number	
Address	City	State	Zip Code +4
Employer/Agency		Division/Department #	

## PART B EMPLOYEE ACKNOWLEDGEMENT

### INITIAL ALL BOXES – REQUIRED

- ☐ I am an employee of a participating governmental unit and am filling a position that is not regularly funded or if it is regularly funded, I do not work twenty (20) or more hours a week for more than 19 weeks a year. My services may or may not be limited in duration.
- ☐ I understand that I can not elect to participate in the North Dakota Public Employees Retirement System as a temporary/part-time employee if I am actively contributing to another employer sponsored Pension fund (Public or Private).
- ☐ I understand that upon electing to participate in the North Dakota Public Employees Retirement System, I will be obligated to contribute monthly contributions to the plan and do not have access to these funds for any reason while I am employed with the state of North Dakota or political Subdivision.
- ☐ I acknowledge that the monthly contribution I am obligated to pay is 9.12% of my gross monthly salary and this contribution must be submitted to my payroll officer no later than the 6th working day of the month for the previous month's salary.
- ☐ I understand that if I miss a payment of my retirement contribution to NDPERS for any reason other than an approved Leave of Absence, I will have thirty (30) days to bring my account up to date. Failure to do so will result in termination of my eligibility to participate for the remainder of the plan year as a temporary/ part-time employee.
- ☐ I understand that if I terminate my employment and take a refund of my retirement monies, I will not be allowed to participate in NDPERS through future employment as a temporary/part-time employee.
- ☐ I acknowledge that I cannot participate as both a temporary employee and a permanent employee. In the event that my employment qualifies me for participation as a full-time permanent employee, I must participate as such. Additional part-time employment cannot be included.

## PART C AGREEMENT TO PARTICIPATE

**IF YOU ELECT TO PARTICIPATE:** I understand the statements listed in Part B and certify that I am eligible under NDCC 54-52-02.9 to participate in the North Dakota Public Employees Retirement System. I elect to begin participating in the system effective \_\_\_\_\_. My hire date/change of status was effective \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized NDPERS Representative

\_\_\_\_\_  
Date

**FOR PERSONS WHO ELECT TO PARTICIPATE, THIS FORM MUST BE ACCOMPANIED BY A MEMBERSHIP ENROLLMENT FORM (SFN 2561) AND A DESIGNATION OF BENEFICIARY FORM (SFN 2560) TO BE VALID.**

## PART D WAIVER OF PARTICIPATION

**IF YOU DECLINE TO PARTICIPATE:** I understand that I can only elect to participate in the NDPERS as a temporary/part-time employee within the first six months of employment or within six months of a change in status from permanent/full time to temporary/part-time and I decline to participate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS**

## INSTRUCTIONS

### **PART A: EMPLOYEE INFORMATION**

Complete the following whether the employee is electing to participate or declining to participate in the Defined Benefit retirement plan:

- 1-2. Enter the employer's name and agency's department number.
- 3-5. Enter all employee information as requested.

### **PART B: EMPLOYEE ACKNOWLEDGEMENT**

Complete the following whether the employee is electing to participate or declining to participate in the Defined Benefit retirement plan:

1. The employee must read each paragraph and indicate acknowledgement by initialing all boxes on the left side.

### **PART C: ELECTION TO PARTICIPATE AGREEMENT**

(This section should be completed only if employee wishes to participate in optional Defined Benefit retirement program).

1. The Authorized Agent must fill in the effective membership date.
2. The Authorized Agent must fill in the actual date of hire or change in employment status.
3. The employee must sign and date the form. The employee's signature must reflect the name as entered in Part A.
4. The department's authorized agent must sign and date the form.
5. This signature line will be signed and dated by authorized NDPERS staff and a copy will be mailed back to the department.

**If steps 1 through 5 are not completed, the form will be returned. To be valid the form must also be accompanied by an Defined Benefit Retirement Membership Application SFN 2561.**

### **PART D: WAIVER OF PARTICIPATION**

1. The employee must sign and date this section only if the employee waives participation in the Defined Benefit retirement plan.

**FILING PROCEDURE:** Original to NDPERS – Please retain a photocopy for your records.